## MSO PORT ARTHUR'S **DEAD SHIP** TOW APPLICATION

RESTRICTIONS FOR DEAD SHIP TOW: DAYLIGHT TRANSIT; WINDS LESS THAN 15 KTS; MINIMUM OF THREE MILES VISIBILITY.

	NAME OF VESSEL:		01	FFICIAL NO.	
	TRANSIT FROM:	TRANSIT TO:			
	IF GOING TO ANOTHER COTP ZONE: HAS APPROVAL BEEN GRANTED FROM THEM? YES / NO P.O.C.				
	COMMENCING:	(TIME)	(DATE	) (departing dock or at sea buoy)	
	ENDING:	(TIME)	(DATE)	(arriving at dock or at sea buoy)	
		SUBJECT TO D.	AYLIGHT TRA	NSIT ONLY	
	INTENDED TRACKLINE OF TRANSIT (waterways affected):				
· .	VESSEL SPECIFICATI	ONS: DIMENSIONS: DRAFT: FORE: TRIM:	(L) AFT: (FT) GROSS	X(W) STBD:	(FT)
١.	AMOUNT / TYPE / LOCATION OF ALL OIL PRODUCTS ON BOARD:				
١.	VESSEL RESPONSE PLAN AVAILABLE? (IF APPLICABLE) YES / NO				
0.	AMOUNT / TYPE / LOCATION OF ALL FREIGHT ON BOARD:				
1.	CERTIFICATE OF FINANCIAL RESPONSIBILITY AVAILABLE? (IF APPLICABLE) YES / NO				
2.		H H	IP:	(LEAD TUG) VHF-FM	OR
	EXPECTED SPEED OF	TRANSIT:	1		
3.		S / NO AT LEA IEN:		T ON BOARD: YES / NO	
4.	IS A COAST GUARD IN	SPECTION NEEDED	PRIOR TO DE	PARTING/ENTERING PORT	? YES / NO
5.	HAS AN INSPECTION TOWING PREPARATION		Y AN UNDERV	WRITER OR REPUTABLE SU	JRVEYOR FOR
6.	INTENTIONS FOR STEINTEGRITY:			ING ARRANGEMENTS AND	WATER TIGHT
7.	POINT OF CONTACT:				
	(a) in subject T . '111 .			or dead ship) have made notific	
	or to deviating from this p		u parties. Also	o, I agree that I will notify MS	O PORT ARTHUR
			Signature		

THIS APPLICATION MUST BE SUBMITTED AT LEAST FOUR (4) DAYS IN ADVANCE OF THE TRANSIT AND MUST BE RECEIVED AT THIS OFFICE BETWEEN 0700-1530 (MON-THU) AND 0700-1500 ON FRIDAY. ANY DEVIATION FROM THIS REQUIRMENT MAY DELAY THE TRANSIT.